

Stress related back pain

Although it is generally accepted that emotional stress or psychological factors can make any back pain problem worse, the concept of "stress-related" back pain takes this idea one step further. The diagnosis of stress-related back pain assumes that psychological and emotional factors are of *primary* influence.

The stress-related back pain diagnosis is a "psychosomatic" or "psycho-physiological" one. A psycho-physiological illness is any illness in which physical symptoms are thought to be the direct result of psychological or emotional factors. This diagnosis means that psychological factors either initiated or are maintaining the back pain, or both.

It should be emphasized that even though psychological factors may be causing the physical symptoms, the symptoms are not imaginary. They are very real physical problems (such as back pain), which are being impacted upon by emotional factors.

The history of stress related back pain

John Sarno, M.D., a physician and professor of physical medicine and rehabilitation at New York University, has recently popularized the idea of stress-related back pain, which he terms "**Tension Myositis Syndrome**" (TMS), although the concept can be traced to as early as the 1820s.

In Dr. Edward Shorter's book, *From Paralysis to Fatigue*, the history of psychosomatic illnesses is described. One such diagnosis developed in the 1820's is "spinal irritation" and this is essentially equivalent to the modern day idea of stress-related back pain. The diagnosis of spinal irritation was quite popular and spread throughout many parts of the world at that time.

Interestingly, Dr. Shorter made the point that many doctors and patients of the era began to believe firmly in the diagnosis even though there was no demonstrable pathology. Dr. Shorter pointed out that physicians would implant the disease attribution in the patient's head, increasing fear that serious disease existed and recommending "rigid maintenance of the horizontal position".

The diagnosis of "spinal irritation" remained fairly prevalent until the early 1900s. Dr. Shorter discusses that the diagnosis served the doctors' needs in terms of remaining competitive with other medical clinics by "medicalizing" the patients' ill-defined subjective complaints. It also served the patients' needs by providing a "face-saving" medical diagnosis rather than having to look at possible psychological and emotional factors, since most patients would have been extremely resistant to the latter idea.

The history of the spinal irritation diagnosis is helpful background in understanding current medical approaches to back pain. Even today some doctors look primarily (and only) for structural "explanations" for back pain, convince their patient that the "finding" is the cause of the pain, implant fear in the patient, and then recommend "justifiable" treatment. However, if the true cause of the back pain is stress-related, then the multiple physical treatments will fail and cause the patient more distress.

In returning to Dr. John Sarno's conceptualization of stress-related back pain or TMS, one can see the similarities with that of "spinal irritation". The important difference is that Dr. Sarno places the causative factors for the back pain squarely in the psychological and emotional realm; whereas, the early doctors would only use "physical" treatments.

Specifically, Dr. Sarno's theory holds that a majority of back pain cases being treated by the medical community using "organic" approaches are actually stress related cases. It is important to note that this theory and treatment approach are controversial in the medical and psychological community and there have been no well-controlled research studies to test the validity of the concept.